

## APPLICATION DATA SHEET

Application number::

Filing Date::

Application Type::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SURGICAL PERFORATION DEVICE WITH CURVE

Attorney Docket Number:: 12361-15US JEL

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 11

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

## INVENTOR INFORMATION

Inventor Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full capacity

Given name:: Amanda

Middle name:: April

Family name:: HARTLEY

Name Suffix::

City of Residence:: Brampton

State or Province of Residence:: ON

Country of Residence:: Canada

Street:: 8 Redcastle St.

City:: Brampton

State or Province:: ON

Country:: Canada

Postal or Zip Code:: L7A 1P1

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full capacity  
Given name:: Krishan  
Middle name::  
Family name:: SHAH  
Name Suffix::  
City of Residence:: Mississauga  
State or Province of Residence:: ON  
Country of Residence:: Canada  
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City:: Mississauga  
State or Province:: ON  
Country:: Canada  
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Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full capacity  
Given name:: Naheed  
Middle name::  
Family name:: VISRAM  
Name Suffix::  
City of Residence:: Markham  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street:: 2 Buttonfield Rd.  
City:: Markham  
State or Province:: ON  
Country:: Canada  
Postal or Zip Code:: L3R 9E9

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full capacity  
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Middle name::  
Family name:: BAYLIS  
Name Suffix::  
City of Residence:: Beaconsfield  
State or Province of Residence:: PQ

Country of Residence:: Canada  
Street:: 658 Robin Ave.  
City:: Beaconsfield  
State or Province:: PQ  
Country:: Canada  
Postal or Zip Code:: H9W 1R8

### **CORRESPONDENCE INFORMATION**

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### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 020988

### **ASSIGNEE INFORMATION**

Assignee name:: Baylis Medical Company Inc.  
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City:: Montreal  
State or Province:: PQ  
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